

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS4000AGC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/16/2008
NAME OF PROVIDER OR SUPPLIER LAS VENTANAS RETIREMENT COMMUNITY		STREET ADDRESS, CITY, STATE, ZIP CODE 10401 WEST CHARLESTON LAS VEGAS, NV 89135		
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Y 000	<p>Initial Comments</p> <p>This Statement of Deficiencies was generated as a result of the annual state licensure survey and complaint investigation survey conducted at your facility on 10/16/08.</p> <p>This survey was conducted using Nevada Administrative Code (NAC) 449, Residential Facility for Groups Regulations, adopted by the Nevada State Board of Health on July 14, 2006.</p> <p>The facility was licensed as a 60 beds, Residential Facility for Groups which provides care to elderly or disabled persons, Category II residents.</p> <p>The census at the time of the survey was 52 residents.</p> <p>Fifteen of fifty-two resident files were reviewed.</p> <p>Eleven employee files were reviewed.</p> <p>There was one complaint investigated:</p> <p>Complaint # NV19454 was substantiated (TAG Y002).</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.</p> <p>The following regulatory deficiencies were identified:</p>	Y 000		
Y 002 SS=D	449.179(1)(b) & (c) Licensing-BLC Remodel Approval	Y 002		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 002	<p>Continued From page 1</p> <p>NAC 449.179 1. Except for a residential facility with less than 11 beds, before a residential facility is constructed or an existing facility is remodeled, the facility must: (a) Submit the plan for construction or remodeling to the entity designated to review such plans by the Health Division pursuant to the provisions of NAC 449.0115. (b) Notify the Bureau of a tentative date for the completion of the construction or remodeling; and (c) Obtain approval of the plan from the Health Division.</p> <p>This Regulation is not met as evidenced by: Based on observation and interview, the facility failed to submit a plan for construction and to notify the Bureau of Licensure and Certification of a construction project.</p> <p>Findings include:</p> <p>On 10/16/08 at 8:50 AM, it was observed that room 220's and 222's shared wall was taken out.</p> <p>Each room had a separate entry door from the main hallway. However, inside the rooms, it was observed that both rooms were converted into one room.</p> <p>On 10/16/08 at 9:30 AM, interview with the facility</p>	Y 002		

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Y 002	Continued From page 2 Administrator revealed, it was the residents' wishes to combine the two rooms. This was done by taking down the shared wall which separated the two rooms. The Administrator further revealed, there was no permit obtained for the construction and there was no application filed to the Bureau of Licensure and Certification prior to construction. Severity: 2 Scope: 1 Complaint #NV19454	Y 002		
Y 070 SS=F	449.196(1)(f) Qualifications of Caregiver-8 hours training NAC 449.196 1. A caregiver of a residential facility must: (f) Receive annually not less than 8 hours of training related to providing for the needs of the residents of a residential facility. This Regulation is not met as evidenced by: Based on record review the facility failed to ensure caregivers receive 8 hours of annual training for 5 of 11 employees (#3, # 4, #5, #6, and #11). Findings include: Employee #5 had a hire date of 1/15/08. There was no documented evidence in the file of 8 hours of annual training. The file contained documented proof of 2 hours of annual training:	Y 070		

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Y 070	Continued From page 3 - 8/4/07, 1 hour in Customer Service; and - 9/8/08, 1 hour in Back Mobility. Employee #3 was hired on 8/23/06. There was no documented evidence of 8 hours annual training. Employee #4 was hired on 11/5/06. There was no documented evidence of 8 hours annual training. Employee #6 was hired on 11/6/07. There was no documented evidence of 8 hours annual training. Employee#11 was hired on 11/4/06. There was no documented evidence of 8 hours annual training. Severity: 2 Scope: 3	Y 070		
Y 072 SS=F	449.196(3) Qualications of Caregiver-Med re-training NAC 449.196 3. If a caregiver assists a resident of a residential facility in the administration of any medication, including, without limitation, an over-the-counter medication or dietary supplement, the caregiver must: (a) Receive, in addition to the training required pursuant to NRS 449.037, at least 3 hours of training in the management of medication. The caregiver must receive the training at least every 3 years and provide the residential facility with satisfactory evidence of the content of the training and his attendance at the training; and (b) At least every 3 years, pass an examination relating to the management of medication	Y 072		

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Y 103	Continued From page 5 This Regulation is not met as evidenced by: Based on record review, the facility failed to comply with chapter 441A of the NAC for 3 of 11 employees (#3, #4, and #11). Findings include: Employee #3 was hired on 8/23/06. There was no documented evidence of an annual TB(tuberculosis) screening in 2/2008. The last annual TB screening in file was performed on 2/23/07. Employee #4 was hired on 11/5/06. There was no documented evidence of a chest Xray being done after a positive reading of a TB screening on 1/22/08. Employee # 11 was hired on 11/4/06. There was no documented evidence of an annual TB screening in 2008. On 10/26/08, interview with the facility Director revealed, the health file for Employee #11 could not be located and could not explain the lack of a chest Xray for Employee #4 after a positive result of a TB screening in 1/2008. Severity: 2 Scope: 3	Y 103		
Y 104 SS=F	449.200(1)(e) Personnel File - References NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (e) Evidence that the references supplied by the employee were checked by the residential facility.	Y 104		

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Y 104	Continued From page 6 This Regulation is not met as evidenced by: Based on record review the facility failed to ensure employee references were checked for 6 of 11 employees (#2, #5, #7, #8, #9 and #10). Findings include: Employee #2 had a hire date 4/26/08. There was no documented evidence in the personnel file reference checks were completed. Employee #5 had a hire date 1/15/08. There was no documented evidence in the personnel file reference checks were completed. Employee #7 had a hire date 3/18/08. There was no documented evidence in the personnel file reference checks were completed. Employee #9 had a hire date 7/29/08. There was no documented evidence in the personnel file reference checks were completed. Employee #8 was hired on 8/31/07. The file did not contain evidence of completed reference checks. Employee #10 was hired on 12/24/07. The file did not contain evidence of completed reference checks. Severity: 2 Scope: 3	Y 104			
Y 105 SS=F	449.200(1)(f) Personnel File - Background Check	Y 105			

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Y 105	<p>Continued From page 7</p> <p>NAC 449.200</p> <p>1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include:</p> <p>(f) Evidence of compliance with NRS 449.176 to 449.185, inclusive.</p> <p>This Regulation is not met as evidenced by: Based on record review the facility failed ensure fingerprints were completed within 10 days, as per NRS 449.173-182 (fingerprints completed within 10 days, 2 copies in file, prints sent to Nevada Repository, results from Nevada Repository), for 2 of 11 employees (#8 and #9).</p> <p>Findings include:</p> <p>Employee #9 had a hire date of 7/29/08. There was no documented evidence in the employee file of a background check pursuant to NRS 449.173-182.</p> <p>Employee #8 was hired on 8/31/07. There was no documented evidence the background check was completed.</p> <p>Severity: 2 Scope: 3</p>	Y 105		
Y 252 SS=F	<p>449.217(3) Storage of Food-Adequate storage; Packaging</p> <p>NAC 449.217</p> <p>3. Sufficient storage must be available for all food and equipment used for cooking and storing food. Food that is stored must be appropriately packaged.</p>	Y 252		

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Y 252	<p>Continued From page 8</p> <p>This Regulation is not met as evidenced by: Based on observation and interview, the facility failed to store foods appropriately.</p> <p>Findings include:</p> <p>On 10/16/08 at 8:10 AM, tour of the kitchen in the dry goods section revealed the following:</p> <ul style="list-style-type: none"> a. An open box of potato pearls without any labels as to when the box was opened. b. A bottle of chili sauce that had been opened without any labels as to when the bottle was opened. c. A jar of capers that had been opened without any labels as to when the jar was opened. d. An open box of crackers without any labels as to when the box was opened. e. An unlabeled and uncovered white ceramic cup with white powder. f. An open package of almonds without any label as to when it was opened. <p>A tray of prepared white pudding in the refrigerator was noted with a label "10/12/08".</p> <p>On 10/16/08, an interview with the Executive Chef revealed, "The pudding is good for 2 months."</p> <p>On 10/16/08, interview with the Dietary Manager revealed, "The pudding should have been thrown away; It is only good for 3 days."</p> <p>On 10/16/08 during the kitchen tour, a plastic container of wound cleanser was found on top of a first aid kit attached to a wall.</p> <p>An old dressing was found inside the first aid kit.</p>	Y 252		

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Y 252	Continued From page 9 The first aid kit was also found to have a plastic medication cup containing clear ointment. The medication cup was labeled with a hand written note, "food burn." Severity: 2 Scope: 3	Y 252		
Y 870 SS=D	449.2742(1)(a)(1) 449.2742(1)(a)(1) Medication Administration NAC 449.2742 1. The administrator of a residential facility that provides assistance to residents in the administration of medications shall: (a) Ensure that a physician, pharmacist or registered nurse who does not have a financial interest in the facility: (1) Reviews for accuracy and appropriateness, at least once every 6 months the regimen of drugs taken by each resident of the facility, including, without limitation, any over-the-counter medications and dietary supplements taken by a resident. This Regulation is not met as evidenced by: Based on record review, the facility failed to ensure medication profile reviews were completed by a physician, pharmacist or registered nurse at least once every six months for 3 of 6 residents (#3, #6 and #12). Findings include: Resident #3 was admitted to the facility on	Y 870		

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Y 870	Continued From page 10 5/11/07. The file documented medication reviews were completed 4/08 (11 months) and 8/08. Resident #6 was admitted to the facility on 8/16/07. The file documented medication reviews were completed 4/08 (8 months) and 8/08. Resident #12 was admitted to the facility on 3/20/07. The file documented medication reviews were completed 4/07, 4/08 (12 months) and 8/08. Severity: 2 Scope: 1	Y 870		
Y 876 SS=D	449.2742(4) NRS 449.037 NAC 449.2742 4. Except as otherwise provided in this subsection, a caregiver shall assist in the administration of medication to a resident if the resident needs the caregiver's assistance. A caregiver may assist the ultimate user of controlled substances or dangerous drugs only if the conditions prescribed in subsection 6 of NRS 449.037 are met. This Regulation is not met as evidenced by: Based on record review, the facility failed to ensure medication administration agreements were obtained from 2 of 15 residents (#4 and #8). Resident # 4 was admitted to the facility on 7/26/06. The resident's file did not contain a signed medication administration agreement. Resident # 8 was admitted to the facility on 11/19/06. The resident's file did not contain a signed medication administration agreement. On 10/16/08, interview with the Director revealed,	Y 876		

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Y 876	Continued From page 11 she was not aware the agreements were lacking. The Director further revealed, the facility was providing medication assistance to Resident #4 and Resident #8. Severity: 1 Scope: 1	Y 876			
Y 936 SS=F	449.2749(1)(e) Resident file NAC 449.2749 1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he permanently leaves the facility. The file must be kept locked in a place that is resistant to fire and is protected against unauthorized use. The file must contain all records, letters, assessments, medical information and any other information related to the resident, including without limitation: (e) Evidence of compliance with the provisions of chapter 441A of NRS and the regulations adopted pursuant thereto. This Regulation is not met as evidenced by: NAC 441A.380 is hereby amended to read as follows: 441A.380 1. Except as otherwise provided in this section, before admitting a person to a medical facility for extended care, skilled nursing, or intermediate care, the staff of the facility shall ensure that a chest radiograph of the person has been taken within 30 days preceding admission to the facility. 2. Except as otherwise provided in this section, the staff of a facility for the dependent, a home for individual residential care or a medical facility for extended care, skilled nursing, or intermediate care shall:	Y 936			

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Y 936	Continued From page 12 (a) Before admitting a person to the facility or home, determine if the person: (1) Has had a cough for more than 3 weeks; (2) Has a cough which is productive; (3) Has blood in his sputum; (4) Has a fever which is not associated with a cold, flu, or other apparent illness; (5) Is experiencing night sweats; (6) Is experiencing unexplained weight loss; or (7) Has been in close contact with a person who has active tuberculosis. (b) Within 24 hours after a person, including a person with a history of bacillus Calmette-Guerin (BCG) vaccination, is admitted to the facility or home, ensure that the person has a tuberculosis screening test, unless there is not a person qualified to administer the test in the facility or home when the patient is admitted. If there is not a person qualified to administer the test in the facility or home when the person is admitted, the staff of the facility or home shall ensure that the test is performed within 24 hours after a qualified person arrives at the facility or home or within 5 days after the patient is admitted, whichever is sooner. (c) If the person has only completed the first step of a two-step Mantoux tuberculin skin test within the 12 months preceding admission, ensure that the person has a second two-step Mantoux tuberculin skin test or other single-step tuberculosis screening test. After a person has had an initial tuberculosis screening test, the facility or home shall ensure that the person has a single tuberculosis screening test annually thereafter, unless the medical director or his designee or another licensed physician determines that the risk of exposure is appropriate for a lesser frequency of testing and documents that determination. The risk of exposure and corresponding frequency of examination must be determined by following the	Y 936		

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Y 936	Continued From page 13 guidelines as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200. 3. A person with a documented history of a positive tuberculosis screening test is exempt from skin testing and routine annual chest radiographs, but the staff of the facility or home shall ensure that the person is evaluated at least annually for the presence or absence of symptoms of tuberculosis. 4. If the staff of the facility or home determines that a person has had a cough for more than 3 weeks and that he has one or more of the other symptoms described in paragraph (a) of subsection 2, the person may be admitted to the facility or home if the staff keeps the person in respiratory isolation in accordance with the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200 until a health care provider determines whether the person has active tuberculosis. If the staff is not able to keep the person in respiratory isolation, the staff shall not admit the person until a health care provider determines that the person does not have active tuberculosis. 5. If a test or evaluation indicates that a person has suspected or active tuberculosis, the staff of the facility or home shall not admit the person to the facility or home, or, if he has already been admitted, shall not allow the person to remain in the facility or home, unless the facility or home keeps the person in respiratory isolation. The person must be kept in respiratory isolation until a health care provider determines that the person does not have active tuberculosis or certifies that, although the person has active tuberculosis, he is no longer infectious. A health care provider shall not certify that a person with active tuberculosis is not infectious unless the health care provider has obtained not less than three consecutive negative	Y 936			

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Y 936	<p>Continued From page 14</p> <p>sputum AFB smears which were collected on separate days.</p> <p>6. If a test indicates that a person who has been or will be admitted to a facility or home has active tuberculosis, the staff of the facility or home shall ensure that the person is treated for the disease in accordance with the recommendations of the Centers for Disease Control and Prevention for the counseling of, and effective treatment for, a person having active tuberculosis. The recommendations are set forth in the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (g) of subsection 1 of NAC 441A.200.</p> <p>7. The staff of the facility or home shall ensure that counseling and preventive treatment are offered to each person with a positive tuberculosis screening test in accordance with the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200.</p> <p>8. The staff of the facility or home shall ensure that any action carried out pursuant to this section and the results thereof are documented in the person's medical record.</p> <p>Based on record review, the facility failed to ensure residents received their annual Tuberculosis (TB) screenings for 3 of 15 residents (#12, #13 and #15).</p> <p>Findings include:</p> <p>Resident #12 had an admission date of 3/20/07. The initial 2-step TB screening was completed 8/30/07 (1st step) and 9/2/07 (2nd step). There was no documented evidence of an annual TB screening (was due 9/07) in the file.</p> <p>Resident #13 was admitted to the facility on</p>	Y 936			

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS4000AGC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 10/16/2008
NAME OF PROVIDER OR SUPPLIER LAS VENTANAS RETIREMENT COMMUNITY			STREET ADDRESS, CITY, STATE, ZIP CODE 10401 WEST CHARLESTON LAS VEGAS, NV 89135		
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Y 936	<p>Continued From page 15</p> <p>4/11/08. The first step of the 2 step TB screening was given on 2/13/08. Resident #13's file did not contain documented evidence of the 2nd step being completed.</p> <p>Employee #15 was admitted to the facility on 9/15/08. Resident #15's file did not contain documented evidence of TB screening being done.</p> <p>Severity: 2 Scope: 3</p>	Y 936			

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